

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



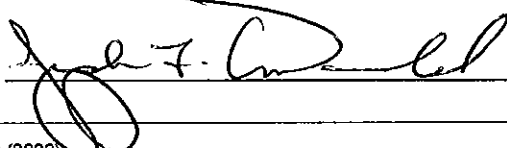
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>180 43</b>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name <b>Joseph F McDonald</b>  P.O. Box, Bldg., Room No., if any  Street <b>25-19 43rd Road</b>  City <b>Long Island City</b>  State <b>New York</b> ZIP Code + 4 <b>11101</b>	4. Name, file number, and address of labor organization. <i>IRWA WKs</i> Name <b>United Derrickmen &amp; Riggers Local 197</b> Labor Organization File Number <b>034683</b>  P.O. Box, Building and Room Number, if any  Street <b>25-19 43rd Avenue</b>  City <b>Long Island City</b>  State <b>New York</b> ZIP Code + 4 <b>11101</b>
5. Position in labor organization. <b>Business Manager</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.        7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <b>08/12/2005</b> Date	<b>718 361-6534</b> Telephone Number

Name of Person Filing <b>Joseph McDonald</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>Derrickmen's Annuity Fund</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>253 West 35th St.- 12 Fl.</b>  City <b>New York</b>  State <b>New York</b> ZIP Code + 4 <b>10001-1970</b>	<b>9. Business deals with:</b>  <div style="margin-left: 20px;"> <input type="checkbox"/> a. Labor Organization  <input checked="" type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer       </div>				
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <b>Oppenheimer Capital</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>1345 Avenue of the Americas</b>  City <b>New York</b>  State <b>New York</b> ZIP Code + 4 <b>10105-4800</b>	<b>11.a. Nature of such dealing.</b> <b>Annuity Fund Investments</b>   <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;"><b>11.b. Approximate dollar value of such dealing.</b></td> <td style="width: 30%; padding: 5px; text-align: right;"><b>\$11,000,000</b></td> </tr> </table> <b>12.a. Nature of interest held or income received.</b> <b>Lunch Meeting &amp; Golf</b>   <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;"><b>12.b. Amount.</b></td> <td style="width: 30%; padding: 5px; text-align: right;"><b>\$324</b></td> </tr> </table>	<b>11.b. Approximate dollar value of such dealing.</b>	<b>\$11,000,000</b>	<b>12.b. Amount.</b>	<b>\$324</b>
<b>11.b. Approximate dollar value of such dealing.</b>	<b>\$11,000,000</b>				
<b>12.b. Amount.</b>	<b>\$324</b>				

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State      ZIP Code + 4	<b>14.a. Nature of payment.</b>          
<b>13.b. Is the Business an Employer      or Consultant      ?</b>	<b>14.b. Amount of payment.</b>

Name of Person Filing Joseph McDonald	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name United Derrickmen &amp; Riggers Local 197</p> <p>Trade Name, if any: Iron Workers Local 197</p> <p>P.O. Box, Bldg., Room No., if any :</p> <p>Street 25-19 43rd Avenue</p> <p>City Long Island City</p> <p>State New York ZIP Code + 4 11101</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Colleran, O'Hara &amp; Mills</p> <p>Trade Name, if any: Law Firm</p> <p>P.O. Box, Bldg., Room No., if any Suite 450</p> <p>Street 1225 Franklin Avenue</p> <p>City Garden City</p> <p>State New York ZIP Code + 4 11530</p>	<p>11.a. Nature of such dealing.</p> <p>Union Attorney</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$14,940</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Sporting Event, Marketing Souvenir, Social Event</p> <hr/> <p>12.b. Amount. \$497</p>